



Atty. Dkt. No. 053466-0409

TPW \$

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Osamu OKUDA et al.

Title: METHODS FOR TREATING  
INTERLEUKIN-6 RELATED DISEASES

Appl. No.: 10/554,407

International Filing Date: 04/28/2004

Filing Date:

371(c) Date: 10/24/05

Examiner: Prema Maria MERTZ

Art Unit: 1646

Confirmation Number: 4578

Number:

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims		Extra				Additional
	As	Previously	Claims		Rate	Claims Fee	
	Amended	Paid For	Present				
Total Claims:	53	-	80	=	0	x \$50.00	= \$0.00
Independent Claims:	10	-	15	=	0	x \$210.00	= \$0.00
First presentation of any Multiple Dependent Claims:						+ \$370.00	= \$0.00

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1050.00 OP

CLAIMS FEE TOTAL =	\$0.00
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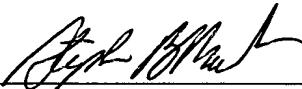
[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ <input type="checkbox"/> ] Extension for response filed within the first month:	\$120.00	\$0.00
[ <input type="checkbox"/> ] Extension for response filed within the second month:	\$460.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,050.00	<u>\$1,050.00</u>
[ <input type="checkbox"/> ] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[ <input type="checkbox"/> ] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		<u>\$1,050.00</u>
[ <input type="checkbox"/> ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,050.00</u>
[ <input type="checkbox"/> ]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
Extension Fees Previously Paid:		\$0.00
<b>TOTAL FEE:</b>		<b><u>\$1,050.00</u></b>

A credit card payment form in the amount of \$1,050.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 17, 2008 By 

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Customer Number: 22428  
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